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## PRIVATE PASSENGER AUTO CHECKLIST

*The following checklist is intended to be a guide for Agents to ask questions of the prospect or insured. It is not considered to be a comprehensive list of questions, but rather a starting point for discussion. It is the Agent's responsibility to ask these and any other questions that are relevant to the prospect's or insured's coverage needs.*

**YES NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are any of your vehicles leased by you but used by others?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are any of your vehicles owned by you but driven and insured by others?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are any of your vehicles titled in your name and leased or loaned to others?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are any of your vehicles used for business purposes other than driving to and from work? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a vehicle furnished to you for your regular use?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do we presently insure all of the vehicles in your household?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are any members of your household students away at school?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are all licensed drivers in your household listed on your automobile policy?             |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do any of your vehicles have customized equipment?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do any of your vehicles have a CB radio?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do any of your vehicles have a cellular phone?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Do any of your vehicles have a custom sound system?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Do you own any recreational vehicles, motor cycles, golf carts or four-wheelers?        |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Are any of your vehicles equipped with an anti-theft device?                            |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Are any of your vehicles equipped with airbags?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Are any of your vehicles equipped with anti-lock brakes?                                |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Would you like to increase your current limits?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Would you like to increase your current deductible?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Is your home insured with us?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Would you like to purchase Towing and Labor Coverage?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Would you like to purchase Rental Car Coverage?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Would you like to purchase Transportation Rental Expense?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Would you like to purchase Uninsured/Underinsured Motorists Coverage?                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Would you like to purchase Personal Catastrophe Liability policy?                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Would you like a review of your Life Insurance policy?                                  |

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SIGNATURE\_\_\_\_\_  
DATE